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.form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For	calen	dar year 2009, or tax year begin	nning NOV	1, 2009	, and ending	OCT 31, 2010)
G (Check	all that apply.	return	Initial return of a fo	rmer public charity	Final retur	n
		Amen	ded return	X Address chang	je 🗀	Name change	
Use	the l	RS Name of foundation				A Employer identificatio	n number
	abel						
Otl	erwis	· 				38-6505469	9
	print	Number and street (or P O box n		,	Room/suite	B Telephone number	
	r type Spec	:4: J J J J J J J T T T T T T T		.O. BOX 469		248-647-29	
	ructio	ine City Of town, State, and Zir		40740		C If exemption application is	
	`hook	type of organization.		49740		D 1. Foreign organization 2. Foreign organizations m check here and attach o	
H_ '	_	ction 4947(a)(1) nonexempt char		empt private foundation Other taxable private founda	tion	check here and attach of	omputation
		rket value of all assets at end of v	· · · · · · · · · · · · · · · · · · ·		Accrual	E If private foundation sta under section 507(b)(1	
		Part II, col (c), line 16)		her (specify)	Accidal		
	\$	725.74		mn (d) must be on cash b	pasis)	F If the foundation is in a under section 507(b)(1	£ 1
		Analysis of Revenue and Expe	nses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
_		(The total of amounts in columns (b), necessarily equal the amounts in coli	(c), and (d) may not umn (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc ,	received			N/A	
	2	Check X If the foundation is not re-	quired to attach Sch. B				
	3	Interest on savings and temporary cash investments		742.	742.		STATEMENT 1
	4	Dividends and interest from secu	urities	15,695.	15,695.		STATEMENT 2
	5a	Gross rents					
	Ι.	Net rental income or (loss)		0 116			
e	6a	Net gain or (loss) from sale of assets n Gross sales price for all	ot on line 10	<8,116.	>		<u> </u>
Revenue	_b	assets on line 6a			0.		
	8	Capital gain net income (from Part IV, I Net short-term capital gain	line 2)		0.		
	9	Income modifications				RF	EIVED
	10a	Gross sales less returns				111	78
		Less Cost of goods sold				9	1 0 2011
		Gross profit or (loss)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		WL 100	13 2011 22
	11	Other income		_			
	12	Total, Add lines 1 through 11		8,321.	16,437.	1/ OG	DEN O
	13	Compensation of officers, directors, tr	ustees, etc	0.	0.		0.
	14	Other employee salaries and was	•			<u> </u>	
ي (15	Pension plans, employee benefit		1 010	1 010		
nses	16a	Legal fees	STMT 3	1,819.	1,819.		0.
ž		Accounting fees Other professional fees					
i M	17	Interest					
j å	18	Taxes	STMT 4	63.	0.		0.
and Administrative Expe	19	Depreciation and depletion					•
	20	Occupancy				-	
Ad	21	Travel, conferences, and meetin	gs				
ו ק	22	Printing and publications					
		Other expenses	STMT 5	21.	21.		0.
rati	24	Total operating and administra	tive				
Operating		expenses Add lines 13 through		1,903.	<u> </u>		0.
	25	Contributions, gifts, grants paid		33,100.			33,100.
	26	Total expenses and disbursem	ents	35 000	1 0 4 0		22 400
	07	Add lines 24 and 25		35,003.	1,840.	-	33,100.
	1	Subtract line 26 from line 12:		<26,682.			
		Net investment income (if negative		<20,002.	14,597		
	1	Adjusted net income (if negative,		-		N/A	
923	501 02-10	LHA For Privacy Act and Pa		Act Notice, see the instruc	tions.		Form 990-PF (2009)

For	m 99	0-PF (2009) MARY BARTUSH JONES FOUNI	DATION	ON 38-6505469 Page 2				
Б	art	† II Dalance Sneets			year			
<u>_</u>	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing	74,388.	33,975.	33,97	<u> 75.</u>		
	2	Savings and temporary cash investments						
	3	Accounts receivable ►						
		Less: allowance for doubtful accounts ▶						
	4	Pledges receivable -						
		Less: allowance for doubtful accounts ▶						
	_	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons						
	7	Other notes and loans receivable						
		Less: allowance for doubtful accounts						
ssets	l	Inventories for sale or use						
Ass	ı	Prepaid expenses and deferred charges	142 505	175 470	100.04			
•	l	Investments - U.S. and state government obligations STMT 6	143,505.	175,478.	188,86	<u> </u>		
	l	Investments - corporate stock						
	l	Investments - corporate bonds						
	11	Investments - land, buildings, and equipment basis						
	40	Less accumulated depreciation						
	Ι.	Investments - mortgage loans Investments - other STMT 7	466,663.	447,127.	502,90	<u> </u>		
	13	Investments - other STMT 7	400,003.	44/,12/.	502,30	<u> </u>		
	14	Learne, burnonings, and equipment basis						
	16							
	13	Other assets (describe ►)						
	16	Total assets (to be completed by all filers)	684,556.	656,580.	725,74	46		
_		Accounts payable and accrued expenses	004,330.	030,300.	125,15	10.		
	18	Grants payable						
.	19	Deferred revenue						
abilities	1	Loans from officers, directors, trustees, and other disqualified persons						
abil	21	Mortgages and other notes payable						
ڌ	I	Other liabilities (describe >						
	23	Total liabilities (add lines 17 through 22)	0.	0.				
		Foundations that follow SFAS 117, check here						
	1	and complete lines 24 through 26 and lines 30 and 31						
Ses	24	Unrestricted	684,556.	656,580.				
au	25	Temporarily restricted						
Net Assets or Fund Balances	26	Permanently restricted						
Pur		Foundations that do not follow SFAS 117, check here						
Ī		and complete lines 27 through 31						
ls o	27	Capital stock, trust principal, or current funds						
se	28	Paid-in or capital surplus, or land, bldg., and equipment fund						
t As	29	Retained earnings, accumulated income, endowment, or other funds						
Š	30	Total net assets or fund balances	684,556.	656,580.				
_	31	Total liabilities and net assets/fund balances	684,556.	656,580.				
F	art	III Analysis of Changes in Net Assets or Fund B	alances					
_								
1		net assets or fund balances at beginning of year - Part II, column (a), line	30					
	•	st agree with end-of-year figure reported on prior year's return)		1	684,5			
		r amount from Part I, line 27a		. 2	<26,68			
		r increases not included in line 2 (itemize)		3		0.		
		lines 1, 2, and 3		4	657,8			
		eases not included in line 2 (itemize) ADJUSTMENT	olumn (h) line 00	5	1,25 656,5			
D	i uta	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	30000 CD3. 1108 3U	161	יכ. מכם	ou.		

Form **990-PF** (2009)

	BARTUSH JONES					3	<u>8-6505</u>	469	Page 3
	nd Losses for Tax on I		Income	14.511.					
(a) List and descri 2-story brick war	be the kind(s) of property sold (e. ehouse; or common stock, 200 st	g., real estate, ns. MLC Co.)		(b) H(ow acquired Purchase Donation	(c) Date : (mo , d	acquired ay, yr)	(d) Dat (mo , da	
1a NORTHERN TRUST	(STCG/L)				Donation				
b NORTHERN TRUST	(LTCG/L)			1					
C		······							
d .									
е									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss) s (f) minus (g)	
a									<294.
b								<7	<u>,822.</u>
С									
d	· · · · · · · · · · · · · · · · · · ·								
e		<u> </u>	10.10.1.100	_					
Complete only for assets showing	g gain in column (h) and owned by					(I) Gains (C	ol. (h) gain n ot less than	ninus -O-V or	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col (ı), ıf any				(from col. (h))	
a									<u><294.</u>
b								<u><7</u>	,822.
C									
d									
<u>e</u>				$\overline{}$	<u> </u>				
2 Capital gain net income or (net cap	oital loss) $ \begin{cases} & \text{If gain, also ent} \\ & \text{If (loss), enter} \end{cases} $	er in Part I, line 0- in Part I, line	7 7	} [2			<8	,116.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, or		and (6):							
If (loss), enter -0- in Part I, line 8	. ,			<u> </u>	3		N/A		
Part V Qualification U	nder Section 4940(e) fo	r Reduced	Tax on Net	Inve	stment In	come			
(For optional use by domestic private	foundations subject to the section	1 4940(a) tax on	net investment in	ncome.)				
If section 4940(d)(2) applies, leave th	ie nart hlank								
ii section 4340(u)(2) applies, leave th	is part blank.								
Was the foundation liable for the sect				rıod?			İ	Yes	X No
If "Yes," the foundation does not quali									
1 Enter the appropriate amount in e		tructions before	making any entri			ı		/d)	
(a) Base period years	(b) Adjusted qualifying d	istrihutions	Net value of no	(c) oncharif	table-use asset	,	Distribu (col. (b) divid	(d) ition ratio	(0))
Calendar year (or tax year beginning 2008	ig iii/	28,629.			590,26		(cor. (b) divid		48502
2007		43,243.		_	773,27				55922
2006		30,650.			847,19				36178
2005		32,975.			783,11				42108
2004		25,750.			750,69				34302
	,								
2 Total of line 1, column (d)						2		. 2	17012
3 Average distribution ratio for the 5	5-year base period - divide the tota	I on line 2 by 5,	or by the number	r of yea	rs				
the foundation has been in exister	nce if less than 5 years					3		.0	43402
4 Enter the net value of noncharitab	le-use assets for 2009 from Part >	(, line 5				4		<u>670</u>	,846.
5 Multiply line 4 by line 3						5		29	<u>,116.</u>
6 Enter 1% of net investment incom	ie (1% of Part I, line 27b)					6			<u> 146.</u>
T. Addings Cond O						_		20	262
7 Add lines 5 and 6						7	 	<u> </u>	<u>,262.</u>
8 Enter qualifying distributions from	Part VII line 4					8		33	,100.
	•		-1-4- 46-4 4 -	401	l tourent-	_ 8	L	33	, 100.
If line 8 is equal to or greater than See the Part VI instructions.	ille 7, check the box in Part VI, III	ie io, and comp	nete that part usif	iga 1%	o tax rate.				
								000	DE

	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4		005469		age 4	
		340 - 5	ee msu c	Cuoi	15)	
12	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	,		1	10	
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			<u>46.</u>	
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	! _			^	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		- 1	4.6	
	Add lines 1 and 2	3			<u>46.</u>	
_	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.	
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			<u>46.</u>	
	Credits/Payments:					
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a					
	Exempt foreign organizations - tax withheld at source	1 1				
	Tax paid with application for extension of time to file (Form 8868) 6c	1 1				
	Backup withholding erroneously withheld 6d	_			0	
	Total credits and payments. Add lines 6a through 6d	7			0.	
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			1.	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			<u>46.</u>	
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded rt VII-A Statements Regarding Activities	11				
			T	Yes	No	
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	la la	163	X	
	any political campaign?					
U	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	. d a =	1b		<u>X</u>	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published by the foundation in connection with the setuities.	a or	1		!	
distributed by the foundation in connection with the activities						
 c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 						
·	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$ 0 .					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•				
٠	managers. > \$ 0.					
,	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		х	
-	If "Yes," attach a detailed description of the activities		-			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,)r				
Ū	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	"	3		Х	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х	
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/2				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	, -	5		X	
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the stat	e law				
	remain in the governing instrument?		6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	Х		
	If "Yes," complete Part II, col. (c), and Part XV.		:			
88	Enter the states to which the foundation reports or with which it is registered (see instructions)	<u> </u>]		
	MI					
ŧ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			-		
of each state as required by General Instruction G? If "No," attach explanation						
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar					_	
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV					
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses					<u> </u>	

4a

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Dart VILB I Statements Regarding Activities for Which		Doguirod ()	<u>38-65054</u>	פס	Page 6
Part VII-B Statements Regarding Activities for Which	rorm 4/20 May Be F	requirea (contin	ued)	1	
5a During the year did the foundation pay or incur any amount to.					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 ,,		es X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire				
any voter registration drive?	_		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Y6	es [X] No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or f				ŀ
the prevention of cruelty to children or animals?		·	es X No		-
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	ın Regulatıons			
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check t	nere		▶□□		ļ
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined	_		ľ
expenditure responsibility for the grant?	N	I/A L Ye	s No		
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)				
${\bf 6a}$ Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y6	es X No		
\boldsymbol{b} Did the foundation, during the year, pay premiums, directly or indirectly, on a $\boldsymbol{\mu}$	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No		
b If yes, did the foundation receive any proceeds or have any net income attribut	table to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	magers, Highly	/		
Faid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their	 	14.30	(4) 0		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) acco	Expense unt, other
	to position	`enter -0-)	compensation	allo	owances
MARY BARTUSH JONES	PRESIDENT/TRE	ASURER			
22140 ORCHARD WAY					
BEVERLY HILLS, MI 48025	2.00	0.	0.		<u> </u>
MICHAEL DOUGLAS JONES	SECRETARY				
389 BLOOMCREST DRIVE	1				
BLOOMFIELD HILLS, MI 48302	2.00	0.	0.		0.
C. CHRISTOPHER JONES	DIRECTOR				
4183 PEG LEG COURT]				
BLOOMFIELD HILLS, MI 48302	2.00	0.	0.		0.
	1				
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Contributions to		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
	devoted to position	(6) compensation	compensation	allo	owances
NONE					
	4				
		ļ <u> </u>			
	_				
<u></u>					
	_				
	4				
	<u> </u>		<u> </u>		
Total number of other employees paid over \$50,000			▶		0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical	information such as the	_
number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1 N/A		
2		
	•	
3	-	
4		
<u> </u>		
Part IX-B Summary of Program-Related Investments	•	
Describe the two largest program-related investments made by the foundation during the tax year on lines	s 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other pregram related investments. Can instructions		
All other program-related investments. See instructions.		
3		
Takal Add lines 1 through 2	.	<u> </u>

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	623,120.
	Average of monthly cash balances	1b	57,942.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	681,062.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	681,062.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10,216.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	670,846.
6	Minimum investment return. Enter 5% of line 5	6	33,542.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	33,542.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	146.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	33,396.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	33,396.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	33,396.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	33,100.
þ	Program-related investments - total from Part IX-B	1b	· 0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	33,100.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	146.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	32,954.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	qualifies fo	or the section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
Distributable amount for 2009 fro	m Part XI				
line 7					33,396.
2 Undistributed income, if any, as of the e	end of 2009				
a Enter amount for 2008 only				0.	
b Total for prior years			-		
,			0.		
3 Excess distributions carryover, if	any, to 2009:				
a From 2004					
b From 2005					
c From 2006					
d From 2007	2,801.				
e From 2008					
f Total of lines 3a through e		2,801.			
4 Qualifying distributions for 2009	1				
Part XII, line 4: ► \$	33,100.				
a Applied to 2008, but not more that	an line 2a			0.	
b Applied to undistributed income of	of prior				
years (Election required - see inst	tructions)		0.		
c Treated as distributions out of co	· .	_			
(Election required - see instructio	, the same of the	0.			
d Applied to 2009 distributable amo	ount				33,100.
e Remaining amount distributed ou	it of corpus	0.			
Excess distributions carryover applied (If an amount appears in column (d), the must be shown in column (a))	to 2009 e same amount	296.			296.
6 Enter the net total of each colum indicated below:	nn as				
a Corpus Add lines 3f, 4c, and 4e Subtr	act line 5	2,505.			
b Prior years' undistributed income	e. Subtract				
line 4b from line 2b			0.		
c Enter the amount of prior years' undistributed income for which a deficiency has been issued, or or the section 4942(a) tax has been assessed	ı which		0.		
d Subtract line 6c from line 6b. Tax	able				
amount - see instructions			0.		
e Undistributed income for 2008. S	Subtract line				
4a from line 2a. Taxable amount	- see ınstr.			0.	
f Undistributed income for 2009. S	i				
lines 4d and 5 from line 1. This a	mount must				
be distributed in 2010	<u> </u>				0.
7 Amounts treated as distributions					
corpus to satisfy requirements in					
section 170(b)(1)(F) or 4942(g)(0.			
8 Excess distributions carryover fro	om 2004				
not applied on line 5 or line 7		0.			
9 Excess distributions carryover to		2 505			
Subtract lines 7 and 8 from line 6	oa	2,505.		 	
10 Analysis of line 9:					
a Excess from 2005					
b Excess from 2006	2 505				
c Excess from 2007	2,505.				
d Excess from 2008					
e Excess from 2009				<u> </u>	l

	1990-PF (2009) MARY BA	RTUSH JONES	FOUNDATION		38-65	05469 Page 10
Pa	rt XIV Private Operating F	oundations (see in:	structions and Part VII	·A, question 9)	N/A	
1 a	If the foundation has received a ruling o	r determination letter that	t it is a private operating			
	foundation, and the ruling is effective fo	r 2009, enter the date of t	the ruling	>		<u></u>
b	Check box to indicate whether the found	dation is a private operation	ng foundation described i		4942(j)(3) or 4	942(j)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					
đ	Amounts included in line 2c not					
	used directly for active conduct of					
	exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.			•		
3 a	Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test - enter: (4) Volume fall assets					
	(1) Value of all assets (2) Value of assets qualifying					
b	under section 4942(j)(3)(B)(i) "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year					
	listed					
С	"Support" alternative test - enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income	L				
Pa	at any time during t			if the foundatio	n had \$5,000 or m	ore in assets
1	Information Regarding Foundation	on Managers:				
а	List any managers of the foundation wh year (but only if they have contributed r			ributions received by th	ne foundation before the clo	ose of any tax
<u>NO</u>						
b	List any managers of the foundation who other entity) of which the foundation ha			(or an equally large por	tion of the ownership of a p	partnership or
NO	NE					
2	Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does		
	The name, address, and telephone num	ther of the person to who	m applications should be	addressed:		
	The name, address, and talephone had	iour or the purcon to who	m approancies should be	400,0000		
t	The form in which applications should l	be submitted and informa	ition and materials they sl	hould include;		
	Any submission deadlines:					
	Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields,	, kinds of institutions, o	r other factors:	

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
•				
		•		
		İ	!	
SEE STATEMENT 8				
Total	1	1	<u>▶ 3a</u>	33,100.
b Approved for future payment				
NONE				
NONE				
Total	·		▶ 3b	0.

Unrelated business income

Excluded by section 512, 513, or 514

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)	
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income	
	- 0000					
a		····	-			
D			-			
c						
d						
e	ļ- 					
f						
g Fees and contracts from government agencies			<u> </u>			
2 Membership dues and assessments		·				
3 Interest on savings and temporary cash						
investments			14			
4 Dividends and interest from securities			14	15,695.		
5 Net rental income or (loss) from real estate:				•		
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
	<u> </u>					
7 Other investment income						
8 Gain or (loss) from sales of assets other	1		1	0 116		
than inventory			18	<8,116.	<u> </u>	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory			ļ			
11 Other revenue:						
a						
b						
c						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)		0.		8,321.	0.	
13 Total Add line 12, columns (b), (d), and (e)		8,321.				
(See worksheet in line 13 instructions to verify calculations.)				_	- ,	
		F.1				
Part XVI-B Relationship of Activities t	o the Acco	omplishment of Ex	cemp	t Purposes		
Line No. Explain below how each activity for which inco	ma is reported	in column (a) of Part VI/I-A	contril	auted importantly to the accor	nnlichment of	
the foundation's exempt purposes (other than			COMM	Juleu importantly to the accor	iipiisiiiieii(0i	
The realisation of exempt purposes (earler triali	by providing id	nuo tor ocom parpoccoj.				
				.		
						
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					 -	
						
				<u></u>		

Part XVII				BARTUSH JONES E			<u>05469</u>		ge 13
Define cranaction directly or endirectly angles in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)) organizations) or in section 527, relating to political driganizations? a Transfer short temporing foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets b. Other transactions: (3) Seled a declarite, engineers of contractive exempt organization (3) Rental of facilities, engineers or other assets (4) Purchases of assets from a noncharitable exempt organization (5) Loans or fear quadrates (5) Loans or fear quadrates (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) It has answer to any of the above stryet, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or sad employees (a) Line so (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of feationship N/A (e) Line so (b) Amount involved (c) Name of noncharitable exempt organization (b) Type of organizations described in science, and a distinguish or saving arrangement, show in column (g) the value of the goods, other assets, or savines received. (a) Line so (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of feationship N/A (e) Description of relationship N/A (ii) Significant in the following schedule. (a) Name of organization (b) Type of organization described in a savine, or savines received. (a) Name of organization (b) Type of organization of the best of my knowledge and belief, if a Pive, correct, with complete Performance or grapher or factory in section or all enternation of which prepare has any transaction or my knowledge and belief, if a Pive, correct, section of the properties of general price or factory in section or all enternation of which prepare has any transaction. (a) Name of organization (b) Type of organi	P	art X			and Transactions ar	nd Relationships With Nonch	naritable	9	
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a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assests b Other transactions; (1) Sales of assests of a noncharitable exempt organization (2) Purchases of the sales from a noncharitable exempt organization (3) Rental of Calcilles, equipment, or other assets (4) Rembusement arrangements (5) Loans or from grusaraties (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (6) International organization (6) It was an investor to any ordinaries of services or membership or fundrasing solicitations (6) It was an investor to any ordinaries of services organization or the reporting foundation. If the foundation releaved tess than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or paid employees (6) It was an investor to any ordinaries of services generated the value of the goods, other assets, or services received. (a) Line inc (b) Amount involved (c) Name of moncharitable exempt organization (d) Description of tensities, transactions, and sharing arrangements. N/A (a) It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (b) Amount involved (c) Name of moncharitable exempt organization (d) Description of relationship N/A (a) Name of organization (b) Type of organization (c) Description of relationship Indicated the following appear of foliose) to based on all information of which prepare has any knowledge and added, it is total, correct. Indicate product or pulpage. Indicate product or pulpage. Clinic in Supremo (other than trappear or foliose) to based on all information of which prepare has any knowledge and added, it is total, correct. Indicate product in the product of pulpage. Clinic in Supremo (other than trappear or foliose) to based on all information of which programs to the best of my knowledge and added, it is total, correct. Indi	•					, ,			
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(6) Performance of services or membership or fundrasing solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, uransactions, and sharing arrangements. N/A (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, uransactions, and sharing arrangements. N/A (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, uransactions, and sharing arrangements. N/A (a) Name of organization (b) Type of organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52/? (a) Name of organization (b) Type of organization (c) Description of relationship N/A (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjary, I declare that I have examined this return, including accompanying schedules and slatements, and to the best of my knowledge and befet, it is true, correct, and consider the penalties of perjary, I declare that I have examined this return, including accompanying schedules and slatements, and to the best of my knowledge and befet, it is true, correct, and consider the penalties of perjary, I declare that I have examined this return, including accompanying schedules and slatements, and to the best of my knowledge and befet, it is true, correct, and considered the state of the penalties of perjary I declare that I have examined this return, including accompanying schedules and slatements, and to the best of my knowledge and befet, it is true, correct, and considered the penalties of perjary I declare that I have examined this return, including accompanying schedules and slatements, and to the best of my k		(4) F	Reimbursement arrangements	ł			1b(4)		
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No	_		•						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No	22	le the	foundation directly or indirec	thy affiliated with or related to one	o or more tay-exempt organiza	ations described			
Complete the following schedule. Complete the following schedule.					· -	ations addenoted	☐ Yes	ΓX	7 No
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Date Check if Self-employed Firm's name (or yours CLARK HILL PLC Firm's name (or yours CLARK HILL PLC EIN Firm's name (or yours LARK HILL	b		• • • • • • • • • • • • • • • • • • • •	. ,, ,,					J 110
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Date Title					(b) Type of organization	(c) Description of relation	nship		
and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature	_		N/A						
and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature									
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and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature									
Signature of officer or trustee Date Title Preparer's signature Firm's name (or yours CLARK HILL PLC EIN 151 S. OLD WOODWARD AVE., SUITE 200							t is true, corre	ect,	
Signature of officer or trustee Date Title Preparer's signature Firm's name (or yours CLARK HILL PLC EIN 151 S. OLD WOODWARD AVE., SUITE 200			Man Box	Tel any	ı				
Firm's name (or yours CLARK HILL PLC EIN EIN It self-employed). 151 S. OLD WOODWARD AVE., SUITE 200	ē	$\frac{1}{8}$		1	Nate Page	Title			
Firm's name (or yours CLARK HILL PLC EIN 11 self-employed). 151 S. OLD WOODWARD AVE., SUITE 200	Ŧ		Preparer's	h //			parer's identif	ying nun	nber
Firm's name (or yours CLARK HILL PLC EIN EIN It self-employed). 151 S. OLD WOODWARD AVE., SUITE 200	g	ະ ≥	signature	Montan Jal		self-			
151 S. OLD WOODWARD AVE., SUITE 200 BIRMINGHAM, MI 48009 Phone no. (248)642-9692	တ 	are Oare	Firm's name (or vours CT. A.R.	K HILL PL		/ / :			
address, and ZIP code BIRMINGHAM, MI 48009 Phone no. (248)642-9692		rep Jse	if setf-employed), 151	S. OLD WOODWARI	AVE. SUITE				
		<u> </u>	address, and ZIP code BIRM	INGHAM, MI 4800	09		8)642	<u>-96</u>	92

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

 \mathbf{x}

Form 8868 (Rev 1-2011)

if you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	torm)		
Do not c	omplete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previously fi	led For	m 8868	
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time to	o file (6	months for a corp	oration
	to file Form 990-T), or an additional (not automatic) 3-mol					
	file any of the forms listed in Part I or Part II with the exc		-			
	Benefit Contracts, which must be sent to the IRS in pap					
			(see instructions) To more details on the	ie eiec	tronic ming or this	ioiii,
Part I	urs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		hout average (as agence as adad)		· · · · · · · · · · · · · · · · · · ·	
•	ation required to file Form 990-T and requesting an autor	nauc o-mc	office extension - check this box and con	ibiete	_	
Part I onl		uo			<i>,</i> ,	` Ш
	corporations (including 1120-C filers), partnerships, REM ome tax returns -	ICs, and ti	rusts must use Form 7004 to request an	exten	sion of time	
Type or	ype or Name of exempt organization Em					number
print						
	MARY BARTUSH JONES FOUNDAT:	ION		38-6505469		
File by the due date for	Number, street, and room or suite no If a P O box, s	ee instruc	tions		•	
filing your	396 E. MAIN STREET, P.O. BO	OX 469	9			
return See instructions	City, town or post office, state, and ZIP code For a fo					
	HARBOR SPRINGS , MI 49740					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
A		Detum	T A 1:			Datum
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
	Form 990 01 Form 990-T (corporation)					07
Form 990	D-BL	02	Form 1041-A			08
Form 990-EZ			Form 4720			09
Form 990-PF			Form 5227	-		10
Form 990-T (sec 401(a) or 408(a) trust)			Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
	MARY BARTUSH JO	ONES				
The b	ooks are in the care of \blacktriangleright 22140 ORCHARD 1	WAY,	BEVERLY HILLS, MI -	48	025	
Telep	none No ▶ 248-647-2966		FAX No ▶		<u>. </u>	
If the	organization does not have an office or place of business	s in the Ur	nited States, check this box		>	- 🗀
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	is is fo	r the whole group,	check this
box 🕨	. If it is for part of the group, check this box	3				
1 re	equest an automatic 3 month (6 months for a corporation	required	to file Form 990-T) extension of time uni	tıf		
	JUNE 15, 2011, to file the exemp	t organiza	tion return for the organization named a	above	The extension	
ıs 1	or the organization's return for		-			
•	alendar year or					
•	X tax year beginning NOV 1, 2009	. an	id ending OCT 31, 2010		•	
	, , , , , , , , , , , , , , , , , , , ,				_	
2 If t	he tax year entered in line 1 is for less than 12 months, o	heck reas	on Initial return Fina	al retur	n	
	Change in accounting period					
_						
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 a	enter the tentative tax less any	Τ		
	nrefundable credits See instructions	0, 0000, 0	inter the territative tax, less arry	22	e	0.
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter acu	refundable credits and	3a	\$	<u> </u>
	• •	•				^
	timated tax payments made Include any prior year over			3b	\$	0.
	lance due. Subtract line 3b from line 3a Include your pa	•	· · · · ·			Λ
	using EFTPS (Electronic Federal Tax Payment System)			3c	[\$	0.
Caution	. If you are going to make an electronic fund withdrawal	with this F	<u>onn oood, see ronn 8453⋅EO</u> and Form	00/9	E∪ for payment ins	tructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

FORM 990-PF INTEREST ON SAVI	INGS A	ND TEM	PORARY C	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
NORTHERN TRUST					•	7	42.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A			7	42.
FORM 990-PF DIVIDENI	OS ANI	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	.)
NORTHERN TRUST NORTHERN TRUST (CGD) NORTHERN TRUST (STCGD)			12,175. 394. 3,126.	-	0. 0. 0.	12,1 3 3,1	94.
TOTAL TO FM 990-PF, PART I, I	LN 4		15,695.		0.	15,6	95.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	EXPI	(A) ENSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
CLARK HILL PLC		1,819.	1	,819.			0.
TO FM 990-PF, PG 1, LN 16A		1,819.	1	,819.			0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION	EXP		(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
TAX DUE		63.		0.			0.
TO FORM 990-PF, PG 1, LN 18		63.		0.			0.

FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
SUPPLIES	21.		21.			0.
TO FORM 990-PF, PG 1, LN 23	21.		21.			0.
FORM 990-PF U.S. AND S	STATE/CITY G	OVERNMENT	OBLI	GATIONS	STATEMENT	6
DESCRIPTION	U.S GOV'		вос	K VALUE	FAIR MARKE VALUE	т
GOVERNMENT & AGENCY ISSUES	X			175,478.	188,8	69.
TOTAL U.S. GOVERNMENT OBLIGAT	rions	•		175,478.	188,8	69.
TOTAL STATE AND MUNICIPAL GOV	VERNMENT OBL	IGATIONS				
TOTAL TO FORM 990-PF, PART I	I, LINE 10A			175,478.	188,8	69.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	Т
EQUITY FUNDS REAL ESTATE COMMODITIES		COST COST COST		384,769. 13,012. 49,346.	419,4 23,1 60,2	39.
TOTAL TO FORM 990-PF, PART I				447,127.	502,9	

FORM 990-PF G	ANTS AND CONTRIBUTIONS PAID DURING THE YEAR	STATE	MENT 8
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP R AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
MOORINGS EDUCATIONAL FOUNDA	GENERAL OPERATING PURPOSES		350.
ACADEMY OF THE SACRED HEART	GENERAL OPERATING PURPOSES		100.
DETROIT SYMPHONY ORCHESTRA	GENERAL OPERATING PURPOSES		500.
HOSPICE OF LITTLE TRAVERSE	AY GENERAL OPERATING PURPOSES		1,000.
LITTLE TRAVERSE CONSERVANCY	GENERAL OPERATING PURPOSES		300.
CHRIST CHILD SOCIETY	GENERAL OPERATING PURPOSES		1,000.
CROOKED TREE ARTS CENTER	GENERAL OPERATING PURPOSES		500.
HARBOR SPRINGS LIBRARY	GENERAL OPERATING PURPOSES		500.

MARY BARTUSH JONES FOUNDATION		38-6505469
CARMELITE NUNS	GENERAL OPERATING PURPOSES	50.
CHEBOYGAN OPERA HOUSE	GENERAL OPERATING PURPOSES	100.
NORTHERN MICHIGAN COLLEGE	EMMET COUNTY SCHOLARSHIP	500.
HARBOR SPRINGS HISTORICAL SOCIETY	GENERAL OPERATING PURPOSES	4,000.
ANGELS' PLACE	GENERAL OPERATING PURPOSES	3,800.
BROTHER RICE HIGH SCHOOL	ANNUAL FUND	1,000.
CORPUS CHRISTI CATHOLIC SCHOOL	GENERAL OPERATING PURPOSES	1,000.
DIOCESAN SERVICE APPEAL	GENERAL OPERATING PURPOSES	650.
HARBOR HALL FOUNDATION	GENERAL OPERATING PURPOSES	200.
HOLY CHILDHOOD CHURCH	CSA 2009	3,000.

MARY BARTUSH JONES FOUNDATION		38-6505469
HOLY CHILDHOOD CHURCH	GENERAL OPERATING PURPOSES	700.
LOURDES SENIOR COMMUNITY	GENERAL OPERATING PURPOSES	600.
CATHOLIC RELIEF SERVICES	ITIAH	500.
LOYOLA HIGH SCHOOL (DETROIT)	GENERAL OPERATING PURPOSES	1,000.
RELIGIOUS OF THE SACRED HEART OF MARY	MARYMOUNT COLLEGE	1,000.
MICHIGAN OPERA THEATER	GENERAL OPERATING PURPOSES	550.
NORTHERN MICHIGAN HOSPITAL FOUNDATION	GENERAL OPERATING PURPOSES	2,000.
ORDER OF MALTA	LOURDES	1,500.
ORDER OF MALTA	GENERAL OPERATING PURPOSES	1,750.
ORDER OF MALTA	VERO BEACH - HOMELESS FAMILY CENTER	200.

MARY BARTUSH JONES FOUNDATION		38-6505469
ST' REGIS CSA	GENERAL OPERATING PURPOSES	3,000.
VERO BEACH MUSEUM OF ART	GENERAL OPERATING PURPOSES	1,500.
WOMENS RESOURCE CENTER	GENERAL OPERATING PURPOSES	250.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A	33,100.